| PATENT APPLICATION FEE DETERMINATION REC<br>Effective December 8, 2004   |  |                                  |  |                               |                      |                               |          | Application or Docket Number  10/5/1/12 |                        |        | ımber               |                        |
|--|--|----------------------------------|--|-------------------------------|----------------------|-------------------------------|----------|---|------------------------|--------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |                                  |  |                               |                      |                               |          | SMALL ENT                               |                        | OR     | OTHER<br>SMALL E    |                        |
| U.S. NATIONAL STAGE FEES   |  |                                  |  |                               |                      |                               |          | RATE                                    | FEE                    |        | RATE                | FEE                    |
| BASIC FEE  |  |                                  | SMALL ENT.                                     | = \$ 150                      | LARG                 | E ENT. = \$ 300               |          | BASIC FEE                               |                        | OR     | BASIC FEE           | WI                     |
| EXAMINATION FEE  |  |                                  | Satisfies PCT-Art                              |                               |                      | her situations =              |          | EXAM. FEE                               |                        | l      | EXAM. FEE           | 202                    |
| SEARCH FEE .   |  |                                  | U.S. is ISA = \$ ALL other cours \$ 200 / \$ 4 | 50 / \$ 100<br>ntries =       |                      | ner situations = 250 / \$ 500 |          | SEARCH FEE                              |                        |        | SEARCH FEE          | 40                     |
| FEE FOR EXTRA SPEC. PGS.   |  |                                  |  | s 100 =                       |                      | / 50 ±                        |          | X \$ 125 =                              |                        |        | X \$ 250 =\         |                        |
| TOTAL CHARGEABLE CLAIMS  |  |                                  | 5 minus 20 = .                                 |                               |                      |                               |          | X \$ 25 =                               |                        | OR     | X \$ 50 =           | ·                      |
| INDEPENDENT CLAIMS   |  |                                  | 2 m  | inus 3 =                      | •                    |                               |          | X \$ 100 =                              |                        | OR     | X \$ 200 =          |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRI                   | SENT   |                               | L                    |                               |          | + \$ 180 =                              |                        | OR     | + \$ 360 =          | 2:0                    |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |                                  |  |                               |                      |                               |          | TOTAL                                   |                        | OR     | TOTAL               | 700                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)    CLAIMS   HIGHEST  |  |                                  |  |                               |                      |                               | <b>!</b> | SMALL E                                 | NTITY                  | OR<br> | OTHER<br>SMALL E    |                        |
| AMENDMENT A  | 1/24/06  | REMAINING<br>AFTER<br>AMENDMENT  |  | PREVIO<br>PAID                | DUSLY                | PRESENT<br>EXTRA              |          | RATE                                    | TIONAL<br>FEE          |        | RATE                | TIONAL<br>FEE          |
|  | Total  | . 15                             | Minus .  | · 2                           | P                    | = \                           |          | X \$ 25 =                               |                        | OR     | X \$ 50-            |                        |
|  | Independent                                    | . 3                              | Minus  | ···                           | 3                    | - X                           |          | X \$ 100 =                              | -                      | OR     | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |  |                               |                      |                               | ].       | + \$ 180 =                              |                        | OR     | + \$-360 =          |                        |
|  |  |                                  |  |                               | •                    |                               |          | FEE                                     | (                      | OR     | FEE                 | L{                     |
|  | •  | (Column 1)                       |  | (Colui                        | mn 2)                | (Column 3)                    |          |   |                        |        |                     |                        |
| AMENOMENT B  | ·  | CLAIMS REMAINING AFTER AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>DUSLY | PRESENT<br>EXTRA              |          | RATE                                    | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *                                | Minus  | **                            |                      | 3                             |          | X \$ 25 =                               |                        | OR     | X \$ 50 =           |                        |
|  | Independent                                    | •                                | Minus  | ***                           |                      | =                             |          | X \$ 100 =                              |                        | OR     | X \$ 200 =          |                        |
| •  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |  |                               |                      |                               |          | + \$ 180 =                              |                        | OR     | + \$ 360 =          |                        |
|  |  |                                  |  |                               |                      |                               |          | TOTAL ADDIT.<br>FEE                     |                        | OR     | TOTAL ADDIT.<br>FEE |                        |
| •  | : If the entry in colu                         | ımın 1 is less than th           | e entry in column 2                            | 2, write "0"                  | in colum             | n 3.                          |          |   |                        | ÷      | ·                   | ·                      |
| " if the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20", ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |                                  |  |                               |                      |                               |          |   |                        |        |                     |                        |